Public Health and Preventive Medicine

Comprehensive School-Based Teen Centers

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This is one of a series of articles from western state public health departments.

Adolescents present a unique challenge to health care providers. Many of their health problems have significant emotional and behavioral components. Preventing or treating these problems requires a comprehensive approach that recognizes both psychosocial and physical needs. Consequently, it is essential that health services be developed specifically for this age group.

Limited research is available on adolescents' perceptions of their own health needs and preferences for service models. Studies have shown that they are concerned about school, drugs, sex, parents or family, getting along with adults, birth control, venereal disease, pregnancy and menstruation. For example, when teens are asked to identify those problems for which they need help, their most frequent responses are acne, how far to go with sex, depression and sadness, overweight and getting along with parents.[1] Teens seem reluctant to go to their private physician for these kinds of problems.[2] When interviewed, however, they overwhelmingly support youth-oriented medical care programs and, in at least one study, perceive such care as superior with respect to quality of staff, setting, cost and confidentiality.[3]

One innovative adolescent health provider model is the school-based comprehensive clinic. Studies show that adolescents underutilize medical care and often do not use physician visits appropriately.[4] Because these school-based clinics are totally youth-oriented and confidential, they comply with teens' expressed priority for appropriate medical care.[3] The school-based clinic is an attempt to increase adolescent use of health services by providing both an appropriate *and* an accessible source of health care.

The prototype school-based, multiservice health clinic is the St Paul Maternal and Infant Care (MIC) Project in St Paul, Minnesota. This is a multidisciplinary team effort (staffed by physician, nurse practitioner, nutritionist, social worker and dental hygienist) in several St Paul high schools started in 1973. Its stated goals are to decrease the teen pregnancy rate, reduce student absenteeism and dropouts and improve birth outcomes for pregnant teens.[5] The services provided by the project include clinical, dental, health education, day care, counseling, referral and follow-up. Because of its comprehensive approach, students presenting with specific health problems can also be counseled about other concerns for which they are less likely to seek help—sexuality information, depression, overweight and the like.

The apparent success of the St Paul program in reducing adolescent pregnancy is evidenced by a 56% reduction in the teen birth rate over three years at one of the high schools. Also, the percentage of mothers dropping out of school after delivery was decreased from 45% to less than 10%. Moreover, none of the teenaged mothers who participated in the program had any repeat pregnancies while still in school.[5]

Based on this model, New Mexico has developed two rural, school-based teen clinics that provide accessible and comprehensive health services to adolescents. The primary focus of both programs is the promotion of self-health responsibility and positive health behaviors through a multidisciplinary approach.

One of these programs is the Acoma-Canoncito-Laguna Teen Center, which is located on the Laguna Pueblo, 50 miles west of Albuquerque. The center was initiated at this public high school for American Indian students in January 1984 because of concern about high rates of teen pregnancy, suicide, accidents and other health problems among this population. It provides a comprehensive, team approach to health education, counseling and clinical services, as well as specific programs in weight control, skin care, substance abuse, job counseling and parent interactions. The team consists of personnel from the University of New Mexico School of Medicine (physician, counselor, health educator) and community agencies (substance abuse counselor, school nurse, social worker, mental health worker). The center facilitates and coordinates this network of services. Funding is provided by the Indian Health Service with coordination by the University of New Mexico.

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The Center appears to be well accepted by the students. In the six months of September 1984 to January 1985, student use increased by 60%. In addition to increased self- and teacher referrals, community involvement has been evidenced through participation of parents, local counselors and agency staff (Sally Davis, MEd, Curriculum and Evaluation Coordinator, University of New Mexico, School of Medicine, Department of Pediatrics, oral communication, June 1985).

Espanola Valley (New Mexico) High School, a predominantly Hispanic high school in northern New Mexico, has also developed a school-based teen clinic called Families Adolescents Community Teaching program (FACT). This program was developed in response to concerns about the high teen birth rate in the community, specifically with respect to the Hispanic teens who had a 78% higher birth rate than non-Hispanic teens.[6] In contrast to the prototype multidiscipline, multiprofessional model, the FACT program is staffed by a single nurse practitioner. Her role is to provide direct primary and preventive services and to coordinate community agency referrals.

Initially the FACT program targeted only pregnant and parenting teens for education and counseling. Now, in its third year of operation, it has evolved into a comprehensive teen center with full support from teachers, parents and students. The program provides childbirth and parenting education, health education, support group activities, physical assessments, peer counseling and community and teacher inservices. Since the program's establishment of comprehensive services (1983), student use has increased almost 100% and student absenteeism has decreased by half. The number of student pregnancies has also dropped. In 1981-1982 there were 45 pregnant teens at the high school, which represented 7% of the female students. In 1983-1984 there were 22 pregnant teens, which represented 3% of the female students (Dottie Montoya, RN, PNP, Espanola Valley School District, oral communication, September 1985).

Three aspects of the Espanola Valley High School teen center deserve special mention. First, the nurse practitioner who coordinates the program is a member of the community. Because of this, she has been able to operate effectively within the cultural context of the school *and* the community—a fact that has certainly contributed to the success of this program. Second, the center is a community-supported project funded by both the Espanola School District and the New Mexico Health and Environment Department. Third, such a community collaborative effort (total cost of approximately $35,000) shows that a comprehensive, school-based teen program can be implemented within local budgetary restraints.

In summary, adolescent health care is a challenge to all health providers. The challenge is to design preventive and primary health services for teens that will be actively used and will promote their development into healthy, productive adults. Consequently, service systems are needed that will be responsive and sensitive to the special needs and expectations of teens. We believe that comprehensive school-based teen clinics represent an effective, viable approach to meet these adolescent needs.

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